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The secretary of a nurses' directory is always being asked: "Can you send me a nurse who has had experience with typhoid? Have you someone who has proved successful in nervous cases?" etc., etc.

After all, it rests with ourselves whether we shall hold our own as well as women of other vocations do.

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## A YEAR'S WORK FOR THE CHILDREN IN NEW YORK SCHOOLS

By LINA L. ROGERS

Nurses' Settlement, New York City

It may not be known to all the readers of the JOURNAL just how school nursing originated. The first nurse who undertook this great work was Miss Honnor Morten, of London, England. It was begun in 1898 and has been carried on there ever since, but under many difficulties. The staff at present numbers five, and they are paid by public subscription.

Miss Wald, of the Nurses' Settlement, seeing the need of such work here, presented the idea to the Boards of Health and Education, and even offered one of her staff to make the experiment. This proved a success beyond expectation, the result being that the city gave an appropriation which enabled the staff to be increased so that all the schools in the lower East Side and many up town, as well as a number in Brooklyn, are daily visited by a nurse. That "an ounce of prevention is better than a pound of cure" has been well proved by the year's work. Not only has the vast number of healthy children been protected from disease, but the afflicted ones have been carefully attended to and cured.

In a paper on "Medical School Inspection" printed in the New York *Medical Journal*, February 10, 1900, the following statement occurs, "The objective point in the system is *exclusion*." Now, in the same month in 1903, the system has undergone such changes that the objective point is quite the reverse—namely, *to keep the child in school*, and at the same time have the treatment carried on systematically until a cure is effected. This is due to the presence of nurses in the schools.

Under the old regulation, when the teacher sent a child suffering from some contagious disease, such as ringworm, to the doctor, and he excluded the child from school, their duties were finished. The child possibly took his card home and no attention was paid to it, and when needed it could not be found. He, in the meantime, played with the other children on the street until he got well or until the truant officer found him.

Now, instead of being sent out of school he is taken to the nurse, who promptly washes the sore spot with a tincture of green soap and water and applies a coating of flexible collodion. After this kind of treatment for a few days the "ring" disappears entirely. The collodion having stopped the spread of contagion, he is practically as safe as the others.

Each disease has its own treatment outlined by the Department of Health, which is followed without variation unless the Medical Inspector prescribes some special treatment. Following are the diseases and their treatment, as shown by the card of instruction given to each nurse:

"DEPARTMENT OF HEALTH, NEW YORK CITY.

"INSTRUCTIONS TO NURSES.

"The following methods will hereafter be used in treating children sent to the nurse by the Medical Inspector of Schools.

"**PEDICULOSIS.**—Saturate head and hair with equal parts kerosene and sweet-oil; next day wash with solution of potassium carbonate (one teaspoonful to one quart of water) followed by soap and water. To remove 'nits,' use *hot* vinegar.

"**FAVUS—RINGWORM OF SCALP.**—*Mild cases:* Scrub with tincture green soap; epilate; cover with flexible collodion. *Severe cases:* Scrub with tincture green soap; epilate; paint with tincture iodine and cover with flexible collodion.

"**RINGWORM OF FACE AND BODY.**—Wash with tincture green soap and cover with flexible collodion.

"**SCABIES.**—Scrub with tincture green soap; apply sulphur ointment.

"**IMPETIGO.**—Remove crusts with tincture green soap; apply white precipitate ointment (ammon. hydrarg.).

"**MOLLUSCUM CONTAGIOSUM.**—Express contents; apply tincture iodine on cotton toothpick probe.

"**CONJUNCTIVITIS.**—Irrigate with solution of boric acid."

By means of the card system now in use it is almost impossible for the children to be neglected if everyone does his duty. The diseases are arranged in code form, each disease having its own particular number. These numbers are placed on an index card, which also has dates, when ordered under treatment, when under treatment, exclusion, readmission, and also the class and room number and school. This is signed by the Medical Inspector and left on file for the use of those requiring this information. The routine inspection is made once a week by the doctor, who goes into the class-room, stands with his back to a window, and as the children pass before him he looks at the eyes, throat, hands, and hair of each individually. On other days at an appointed time he visits the school, and those who have returned after an absence of several days, or any who have the slightest indication of any contagious disease, or who have returned after being excluded by the doctor, are sent to him. Those

who can be cared for by the nurse are sent at once to her, the others being either returned to their class-rooms or sent home, as the case demands.

Amusing things happen sometimes even in so serious a work. At the beginning of the term one nurse rang the bells as usual, by which she indicates her arrival, and when she returned to the playground where she works was amazed to find the place crowded with children. She walked over to one of the teachers and asked the reason, and was told, "This is a fire-drill." The nurse was a little perplexed as to how she would get "her children," and went to interview the principal, who did not know that the drill-call had been rung. Explanations followed, and it was found that during the summer the bells had been changed and the nurses' call used for fire, she having unwittingly rung the alarm, thinking it her own. The principal said she was much relieved to know it had gone off so smoothly, as she anticipated an anxious time when the first alarm should be rung. The children, however, thought it was intentional, and, while they came down quietly and quickly, were making the most of the short recess occasioned by it, and much entertainment was caused by getting into line, etc. The system by which pupils are sent to the nurse varies in the different schools. It is desirable to have whatever arrangement is most suitable for the teachers.

During the one hundred and twenty school days from January until June, when vacation began, the number of treatments given was one hundred and thirty-five thousand eight hundred and fifty-four, there being twenty-three thousand one hundred and ninety-one children with different diseases. To show from what children suffer most I will quote a few figures for the Borough of Manhattan alone, where there are sixteen nurses: Contagious eye diseases, sixty-five thousand nine hundred and eighty-seven; pediculosis, fifty-five thousand six hundred and thirty-one; ringworm, six thousand and fifty-seven; eczema, two thousand two hundred and eighty-five; scabies, one hundred and sixty-three; miscellaneous, five thousand seven hundred and thirty-one, which includes anything not on the code, such as cuts, wounds, etc.

Trachoma, of which more will be said in another issue, is not treated at any time by the nurses. The simple washing out of the eye has very little effect on the disease, if any, and is a source of contagion unless the strictest precautions are observed. The acute conjunctivitis and the purulent forms are thoroughly cleansed with a boracic-acid solution, and besides this treatment in school the mother is visited and a practical demonstration is given with the advice to repeat the treatment at regular times.

Eczema, scabies, and impetigo are treated according to the schedule given. Pediculi succumb readily to the kerosene and sweet-oil. The potassium carbonate aids in getting off the oils and dirt. The vinegar

when heated and applied loosens the "nits," when they can be brushed or drawn off with a piece of cloth. This means a lot of labor for the mother, but as they are anxious for the children to be clean every effort is made. That the work is needed is seen by the many requests from teachers and doctors asking for nurses in schools where they have none. While much has been done, there is still more to be done. We hope to have every school in the city supplied with a room and other essentials, as well as having a nurse. Not the least part of the education is the instruction given to the mothers in the homes in cleanliness and the smaller details of nursing.

It is hoped that other cities may find it a part of their educational system which they cannot neglect, and that in a very short time the work will be universal.

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## THE TEACHING OF HYGIENE TO NURSES IN THEORY AND PRACTICE \*

By ISABEL McISAAC

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THE evolution of the instruction of nurses presents some curious phases which afford examples of "development along the lines of the least resistance." At first glimpse it would seem that the subject of hygiene should be regarded as of the greatest importance in a nurse's education and surgery of the least; but no one at all conversant with training-schools can deny that the reverse is the rule—to such an extent that some of us are asking one another if we are not making better surgeon's assistants than nurses. That this is true is because we find along surgical lines no obstacles in the way of either theory or practice, but when we confront the subject of hygiene, especially in practice, numberless lions line the path, and we are frightened into confining ourselves to superficial theory, for which we do not find a working basis. When the medical side has as violent a seizure of the development of detail as the surgical has been working out during the past ten years we will find many of our lions gone; but meanwhile there are some things we may do ourselves. Incidentally, I wonder why no one has written a text-book on *medical technique*?

First, how has hygiene been taught in our schools? Usually by half a dozen lectures and as many classes on theory, while in practice almost

\* Read at the tenth annual meeting of the American Society of Superintendents of Training-Schools for Nurses, Pittsburg, Pa., October 7, 8, 9, 1903.